

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 5105254

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4			3			
5			10			
6			10			
7			10			
8			10			
9			10			
10			10			
11			10			
12			10			
13			10			
14			10			
15			10			
16		1				
17		1				
18		1				
19		1				
20	1					
21	1					
22		1				
23		1				
24		2				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	28					
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						